

430

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained, insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Graham
District Graham
Town -
Or City -

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 61

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 11

Local Registrar's No. 7

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Levest Reed

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy Color or Race White SINGLE MARRIED
Black Indian WIDOWED
Chinese or DIVORCED
Mexican
DATE OF BIRTH Apr. 14 1918
(Month) (Day) (Year)
AGE 4 yrs. 8 mos. 14 days If less than 1 day _____
hrs., or _____ min.
OCCUPATION
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed or (employer) _____

BIRTHPLACE (State or country) Arizona

NAME OF FATHER Robert Reed

BIRTHPLACE OF FATHER (State or country) Tennessee

MAIDEN NAME OF MOTHER Maid Luster

BIRTHPLACE OF MOTHER (State or country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rob Reed

(Address) _____

PLACE OF BURIAL OR REMOVAL Graham DATE OF BURIAL OR REMOVAL 12/16 1919

UNDERTAKER _____ ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-14 1919
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 12/9 1919 to 12/14 1919; that I last saw him alive on 12/14 1919, and that death occurred on the date stated above at 5 P M. The DISEASE or INJURY causing

Death was as follows: Nephritis

(Duration) _____ yrs. _____ mos. 6 days

Was disease contracted in Arizona? yes

If not, where? _____

CONTRIBUTORY Injury to Bowel
(Duration) _____ yrs. _____ mos. 6 days

(Signed) W. E. Plath
_____ 191 _____ (Address)

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence Filed _____ 191 _____ Anna Burns Local Registrar

Filed _____ 191 _____ J. C. Stratton County Registrar